

SOLID WASTE LANDFILL ANNUAL REPORT

For Calendar year 2007 or most recent fiscal year

Administrative Information (Please enter all the information requested below - type or print legibly)

Facility Name: _____

Facility Mailing Address: _____
(Number & Street, Box and/or Route)

City: _____ Zip Code: _____

County: _____

Owner

Name: _____ Phone No.: (____) _____

Mailing Address: _____
(Number & Street, Box and/or Route)

City: _____ State: _____ Zip Code: _____

Contact's Name: _____ Title: _____

Contact's Mailing Address: _____

Phone No.: (____) _____ Contact's Email Address: _____

Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name: _____ Phone No.: (____) _____

Mailing Address: _____
(Number & Street, Box and/or Route)

City: _____ State: _____ Zip Code: _____

Contact's Name: _____ Title: _____

Contact's Mailing Address: _____

Phone No.: (____) _____ Contact's Email Address: _____

Facility Type and Status

☐ Class I

☐ Class IIIb

☐ Class V

☐ Class II

☐ Class IVa

☐ Class VI

☐ Class IIIa

☐ Class IVb

C/D cell not operated under a separate permit number.

Yes ☐ No ☐

If facility was permanently closed during the year enter date closed: _____

Annual Disposal

Total tons received at facility for disposal:					
Waste Type	Waste Origin		Total	Measurement	
	In-State	Out-of-State		Tons	Cubic Yards
Municipal	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Industrial	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
C/D ¹	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

¹C/D waste includes all waste going to a Class IV or VI landfill cell

Conversion Factor Used

- ☐ No conversion factors used
☐ Conversion factor from rules (R315-302-2(4)(c)) used
☐ Site specific conversion used Please list: _____

Recycling

Material Recycled: _____ Tons/Cubic Yds.
(Material recycled should not be included in disposed tons reported. Report compost on separate form. Circle tons or yards)

Utah Disposal Fee

Disposal Fee Required to be Paid to State Yes ☐ No ☐

Fee Paid	Municipal	\$ _____	C/D	\$ _____
	Industrial	\$ _____	Annual	\$ _____

Landfill Capacity

Current Landfill Remaining Capacity
Tons: _____
Years: _____

Cubic Yards: _____
Acres: _____

Financial Assurance

Current Closure Cost Estimate: _____

Current Post-Closure Cost Estimate: _____

Current Amount or Balance in Mechanism: _____

(If balance does not equal or exceed total for closure and post-closure care please contact the Division)

Current Financial Assurance Mechanism: _____

(ie. Bond, Trust Fund, Corporate or government Test etc.)

Mechanism Holder and Account Number: _____

(ie. Name of Bond Company, Bank etc. Account number)

Financial Assurance: Each facility must recalculate the cost of closure and post-closure care to account for inflation and design changes each year. The inflation factor can be found on the Division web page. Facilities that are using a trust account should include a copy of the most recent account statement.

Note Facilities using "Local Government Financial Test" or the "Corporate Financial Test" must provide the information required in R315-309-8(4) or R315-309-9(3) each year.

Other Required Reports

Ground Water Monitoring: Class I and V landfills only. Check if exempt ☐

Explosive Gas Monitoring: Class I, II and V landfills only. Check if exempt ☐

Training Report: A report of all training programs or procedures completed by facility personnel during the year.

Signature: _____ **Date:** _____

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

Print name: _____ Title: _____